

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2019
NAME OF PROVIDER OR SUPPLIER HI'OLANI CARE CENTER AT KAHALA NUI		STREET ADDRESS, CITY, STATE, ZIP CODE 4389 MALIA STREET HONOLULU, HI 96821		
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4 000	Initial Comments A re-licensure survey was conducted by the Office of Health Care Assurance (OHCA) on 03/27/19 - 03/29/19. The facility was found not to be in substantial compliance with Hawaii Administrative Rules, Chapter 11-94.1. Survey Dates: 03/27/19 - 03/29/19 Survey Census: 11 Sample Size: 11 Supplemental Residents: 0	4 000		
4 159	11-94.1-41(a) Storage and handling of food (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. Findings include: Observation 03/27/19 at 08:00 AM during initial kitchen tour reveals staff (S)1 putting away arrival of goods. S2 accompanied this surveyor to inspection of refrigerator #1. Refrigerator #1 reveals bell peppers that has a label stating	4 159	Staff training was done on 3/28/2019 and 3/30/2019 regarding the proper labeling/relabeling and disposal of expired food items as well as training on the covering and storage of raw food items. The Executive Chef will conduct labeling, food cross contamination and related subject on a semi-annual basis. Evidence of this training and staff competencies will be maintained in a log book. Additionally, a procedure has been put in place	4/1/19

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/18/19

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4 159	<p>Continued From page 1</p> <p>opened on 03/23/19 and use by 03/26/19. Explanation from S2 states that "he tells his staff that it is anticipated that it should be used seven days after opened." Further inspection to refrigerator #2 reveals a bin of won ton that is uncovered, rack of lamb that is defrosting without any cover. Other food items with questionable labeled dates were corn meal - open date 02/19/19 and use by date 03/18/19, S2 stated it was good for one month. Cocktail sauce opened 02/11/19 and use by 02/18/19 - S2 stated "it should be dumped." Garlic oil opened on 03/22/19 and use by 03/26/19. Query to S2 "why are the dates expired and inconsistent?" S2 agreed that the process in labeling dates was inconsistent and confusing.</p> <p>Continued inspection of kitchen area and while walking through the beverage area reveals the vent with high velocity of air blowing throughout the beverage area. Noticeable particulates on vent, walls and light casing. S2 was asked if he agreed that the air was blowing into the kitchen and he agreed. S2 was asked to wipe the vent with a white paper towel and after doing so, he stated "it's dirty". S2 agreed that all the air coming out of the vent was blowing dust throughout the beverage area which contained clean glasses and beverages.</p> <p>Continued observation with S2 in which a portable fan mounted on wall was in the clean area and S2 stated the fan was "dirty." In the cooking/grill area, below the kitchen vent hood, were splash panels with a large build-up of dark grease. S2 stated that "we have a contractor that comes to clean once a week and the cook also cleans this area. Contractor cleaning documents were requested but not produced and no documentation of cleaning by the cook was</p>	4 159	<p>(effective 1 April 2019) to conduct and document random checking of food storage and labeling in the kitchen, refrigerators and freezers. These random inspections will be completed by the Executive Chef, Director of Dining Services and a member of the Safety Committee. A log will be maintained of these inspections and deficiency corrections made. The Executive Chef and Director of Dining Services are responsible for ensuring that these actions are in compliance with all standard food labeling, storage and sanitary procedures. A status report will be reviewed with the QAPI Committee on a quarterly basis.</p>	

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4 159	Continued From page 2 produced. S2 agreed it looked longer than a week since cleaning. Revisit to kitchen on 03/28/19 at 07:20 AM with S2 who shows this surveyor of the cleaning that was done in the kitchen. Observation revealed that the walls, vents in beverage area were wiped clean. Walk in refrigerator revealed re-labeling of foods with current dates. S2 stated that inservicing was done last night with staff regarding proper labeling of foods and relabeling was done. Rack of lamb was covered. S2 created a double sign in sheet for cleaning to be signed by utilities person and cook. Observation on 03/28/19 AT 10:00 AM of dishwasher sanitization. Staff stated that the temperature does not meet regulations of hot water at 165 degrees Fahrenheit. The temperature was noted to be below 165 degrees Fahrenheit. S2 stated that they use chemical sanitizing solution in addition. S2 was asked how they test for proper chemical sanitizing and asked to perform this test. Test strips were not labeled with identification or expiration dates. Testing of chemical sanitization showed no chemical reaction to solution test strips. S2 shut down the dishwasher and stated that the contractor was coming as the contractor services machines every Tuesday.	4 159		
4 207	11-94.1-53(b)(4) Infection control (b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made. (4) The facility shall have documented evidence that every employee has both an initial	4 207		4/5/19

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4 207	<p>Continued From page 3</p> <p>employment evaluation and an annual health evaluation. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident;</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the hand hygiene procedures were followed by staff involved in direct resident contact.</p> <p>Findings include: Observation on 03/28/19 at 12:00 PM of Staff (S)5 passing meds during dining time. S5 spoon fed a resident their meds crushed in pudding. S5 returned to cart, touched computer, scratched head and touched S5's face. No hand hygiene was noted. S5 then went to pass medications to another resident in a room. No hygiene was noted. Upon leaving resident's room, no hand hygiene coming out of room. S5 returned to cart and poured another med in a cup, drank two cups of water. S5 then grabbed meds without hand hygiene and walked to another resident's room to pass meds.</p> <p>Subsequent observation on 03/28/19 at 01:00 PM, S5 had gloves on and emptied trash. S5 threw gloves away, went back to cart without hand washing or hand hygiene. Interview: Surveyor approached S5 and explained the observations and the lack of hand hygiene and hand washing. S5 started to say but "I had gloves." After explaining, S5 agreed she could do better.</p> <p>Record review on 03/28/19 at 02:30 PM reveals in the policy to wash hands after touching</p>	4 207	<p>Infection control and hand hygiene in-service training sessions were conducted with the nursing staff April 1st - April 5th (to cover all shifts) by the Director and Assistant Director of Nursing. Infection control procedures including hand hygiene training will be conducted on a semi-annual basis with the nursing staff. The Director and Assistant Director of Nursing and Charge Nurses will conduct periodic checks of staff hand washing/hand hygiene techniques and conduct mini in-service training and competency checks as needed. Corrective action for individuals not practicing proper infection control techniques will be documented in counseling statements. The Director and Assistant Director of Nursing are responsible for ensure that all nursing staff are routinely following proper infection control procedures.</p>	

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